

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of DONALD ANDERSON, SR. and DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION, Nashville, Tenn.

*Docket No. 96-799; Submitted on the Record;
Issued January 26, 1998*

DECISION and ORDER

Before MICHAEL J. WALSH, DAVID S. GERSON,
WILLIE T.C. THOMAS

The issue is whether appellant sustained depression and central serous retinopathy resulting from the depression in the performance of duty on April 11, 1995, as alleged.

The Board has duly reviewed the case record and finds that appellant failed to establish that he sustained major depression and central serous retinopathy resulting from the depression in the performance of duty on April 11, 1995, as alleged.

An employee seeking benefits under the Federal Employees' Compensation Act has the burden of establishing the essential elements of his or her claim including the fact that the individual is an "employee of the United States" within the meaning of the Act, that the claim was filed within the applicable time limitation of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.¹ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or occupational disease.²

The medical evidence required to establish a causal relationship, generally, is rationalized medical evidence. Rationalized medical evidence is medical evidence which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical

¹ Elaine Pendleton, 40 ECAB 1143, 1145 (1989).

² Daniel J. Overfield, 42 ECAB 718, 721 (1991).

rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.³

On April 15, 1995 appellant, then a 44-year-old supervisory air traffic control specialist, filed a claim for a traumatic injury, Form CA-1, alleging that on April 11, 1995 he committed an operational error resulting in anxiety and stress and visual problems related to the stress. The operational error consisted of failing to prevent aircraft from approaching the antennae of the watch tower during a time of rapid windshift when it became necessary to reroute the air traffic. Appellant stopped working on April 16, 1995.

By letter dated May 19, 1995, the Office of Workers' Compensation Programs requested additional information from appellant. In an attachment to his claim, appellant explained that after a thorough investigation by management, he was informed that he would be held totally responsible for the operational error. Appellant stated that he was "extremely shocked" by this decision and experienced a loss of vision in his left eye the afternoon of April 14, 1995. Appellant further stated that his mental state deteriorated as in lack of sleep and feeling highly nervous, and his vision worsened so that by April 17, 1995 he sought medical attention. Appellant stated he was decertified and unable to work in an operational capacity. He feared that the bad vision in one eye would extend to the other eye.

In a statement dated June 8, 1995, Dr. Thomas J. Friddell, a Board-certified family practitioner, diagnosed controlled retinal vein occlusion with retinopathy and stated that due to his disability, appellant had become very depressed. He stated that appellant's eye condition might never improve and coupled with his depression, appellant was disabled.

In a report dated June 9, 1995, Dr. Stephen S. Feman, a Board-certified ophthalmologist, diagnosed central serous retinopathy involving each eye with the left eye more involved than the right. He stated that all of appellant's visual abnormalities in the left eye appeared to be secondary to fibrosis from the previous episodes of inflammation that he had in the past.

Appellant submitted medical notes dated March 16 through 29, 1991 documenting the medical history of his eyes and an article from a medical journal, addressing loss of vision due to serous chorioretinopathy following stress. Appellant also submitted medical notes dated May 9, 1995 documenting his current eye condition. In a report dated May 9, 1995, Dr. Feman stated that appellant had multiple retinal pigment epithelial changes in both eyes, which was a pattern typical of an individual who has had multiple recurring bouts of "central serous retinopathy" in the past. He stated that mottling in appellant's eye was evidence of previous episodes that might have been asymptomatic. An ophthalmic photography report by Dr. Feman dated May 15, 1995 showed history of central serous retinopathy "OS," currently inactive.

In a report dated August 31, 1995, Dr. Georgina A. Abisellan, a psychiatrist stated that appellant had severe post-traumatic stress disorder, due to his inability to work and his ophthalmologic disease. Appellant also submitted attending physician's reports, Forms CA-20, dated September 1, 1995 from Dr. Michael L. Campbell, a clinical psychologist and

³ Gary L. Fowler, 45 ECAB 365, 371; Ern Reynolds, 45 ECAB 690, 695 (1994).

Dr. Abisellan. Dr. Abisellan diagnosed major depression with psychotic features. He stated that appellant had a concurrent or preexisting injury of central serous retinopathy. Dr. Campbell checked the “yes” box that appellant’s condition was work related and stated that appellant had been traumatized by unjustified responsibility which occurred on April 11, 1995. Dr. Abisellan was unsure when appellant would be able to resume regular work. In his September 1, 1995 attending physician’s report, Dr. Campbell diagnosed major depression with psychotic features and post-traumatic stress disorder. He checked the “yes” box that appellant’s condition was work related and in an attachment stated that appellant’s depression was secondary to post-traumatic stress related to his work situation. Dr. Campbell summarized the events that occurred on April 11, 1995 and concluded that since April 15, 1995 appellant learned he could not return to work secondary to both emotional and visual status, and subsequently learned that his vision would not improve and might even deteriorate leading to an exacerbation of his depression and anxiety.

In a report dated September 25, 1995, Dr. Steve Charles, a Board-certified ophthalmologist, diagnosed central serous retinopathy, and stated appellant had two episodes in April 1995 and March 1991. He believed that central serous retinopathy was associated with stress as observed by several physicians over the past 30 to 40 years, that it primarily afflicted middle-aged white males in stressful occupations, and the exact mechanism of the relationship of stress was unknown. In a report dated October 10, 1995, Dr. David P. Millett, diagnosed central serous retinopathy and depression and stated that the condition was of unknown etiology and was not considered an occupational disease. He also stated that appellant’s post-traumatic stress disorder should not be attributed to the operational error but due to eye disease, and the work as an air traffic controller did not involve unusual or undue stress.

By decision dated November 20, 1995, the Office denied appellant’s claim, stating that that the evidence of record failed to establish that the injury occurred in the performance of duty.

The Board has held that investigations into conduct and disciplinary actions are administrative in nature and absent evidence establishing error or abuse on the part of the employing establishment are not compensable factors of employment.⁴ In the present case, appellant has not presented any evidence to show that the employing establishment erred or acted unreasonably in investigating the operational error that occurred on April 11, 1995 or in concluding that appellant was solely responsible for the error. Appellant’s emotional reaction to the results of the investigation under these circumstances is therefore not compensable.

Moreover, the medical evidence of record does not establish a causal connection between appellant’s central serous retinopathy and factors of federal employment. In his September 25, 1995 report, while Dr. Charles stated that central serous retinopathy is associated with stress, he stated that the exact mechanism of the relationship of stress is unknown. Dr. Millett’s October 10, 1995 report stating that central serous retinopathy was of unknown etiology is not well rationalized as the report provides no history of injury and presumes appellant’s job was not stressful. The reports of Dr. Abisellan and Dr. Campbell dated August 31 and September 1, 1995, respectively, indicate by a checked “yes” box that appellant’s depression or eye condition

⁴ *Donald D. Ewals*, 45 ECAB 111, 125 (1993); *Merriett J. Kauffman*, 45 ECAB 696, 701-02 (1994).

or both were work related and generally explained that appellant's health problems were due to being held responsible on April 11, 1995 or due to stress at work. They do not provide a rationalized medical opinion explaining the causal connection. The other medical evidence of record consisting of the attending physicians' reports of Drs. Feman and Friddell dated June 8 and 9, 1995, respectively, the medical notes dated May 9, 1995, and Dr. Feman's May 9, 1995 report, while they describe appellant's eye condition and, in Dr. Friddell's report, refer to appellant's depression, do not provide a rationalized opinion establishing a causal connection between appellant's eye condition and factors of his federal employment. The article from the medical journal is not probative because such material is of general application and is not determinative of whether the specifically claimed condition was related to the particular employment factors alleged by appellant.⁵ Moreover, since appellant's depression is not compensable, appellant's physical condition allegedly arising from the depression is not compensable. The Office provided appellant with an opportunity to submit the requisite evidence to establish his claim, but appellant was not responsive to this request. Since appellant's depression is not compensable and appellant has not submitted rationalized medical evidence to establish that his central serous retinopathy arose from factors of his federal employment, he has failed to establish that he sustained an injury in the performance of duty, as alleged.

Accordingly, the decision of the Office of Workers' Compensation Programs dated November 20, 1995 is hereby affirmed.

Dated, Washington, D.C.
January 26, 1998

Michael J. Walsh
Chairman

David S. Gerson
Member

Willie T.C. Thomas
Alternate Member

⁵ See *Dominic E. Coppo*, 44 ECAB 484, 488-89 (1993).